STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

CERTIFICATE OF INSURANCE

PR-PML-052 (REV. 6/03)

PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: http://www.cdpr.ca.gov

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury including Chemical Liability			$	$	$
2. Property Damage including Chemical Liability			$	$	$
3. Combined Single Limit for Bodily Injury and Property Damage including Chemical Liability				$	$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State) (Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)		(State) (Zip Code)
CONTACT PERSON NAME			

2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)		(State) (Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED